

# **EXHIBIT 6**

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

|  |
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| A. NAME & PHONE OF CONTACT AT FILER (optional)   |
| B. E-MAIL CONTACT AT FILER (optional)  |
| C. SEND ACKNOWLEDGEMENT TO:<br><div style="border: 1px solid black; padding: 5px; margin: 5px;"> CT Fulfillment<br/> 555 Capitol Mall, Suite 1150<br/> Sacramento, CA 95814<br/> 720 782 99-1<br/> Account 60574850 </div> |

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SECRETARY OF STATE**82802720005**

UCC 1 FILING

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

|                           |                          |                            |                               |                     |
|---------------------------|--------------------------|----------------------------|-------------------------------|---------------------|
| 1a. ORGANIZATION'S NAME   |                          |                            |                               |                     |
| OR                        | 1b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME        | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX              |
|                           | <b>Jia</b>               | <b>Yueting</b>             |                               |                     |
| 1c. MAILING ADDRESS       |                          | CITY                       | STATE                         | POSTAL CODE COUNTRY |
| <b>7 Marguerite Drive</b> |                          | <b>Rancho Palos Verdes</b> | <b>CA</b>                     | <b>90275 USA</b>    |

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

|                         |                          |                     |                               |                     |
|-------------------------|--------------------------|---------------------|-------------------------------|---------------------|
| 2a. ORGANIZATION'S NAME |                          |                     |                               |                     |
| OR                      | 2b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX              |
|                         |                          |                     |                               |                     |
| 2c. MAILING ADDRESS     |                          | CITY                | STATE                         | POSTAL CODE COUNTRY |
|                         |                          |                     |                               |                     |

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

|                                       |                          |                     |                               |                     |
|---------------------------------------|--------------------------|---------------------|-------------------------------|---------------------|
| 3a. ORGANIZATION'S NAME               |                          |                     |                               |                     |
| <b>Pacific Technology Holding LLC</b> |                          |                     |                               |                     |
| OR                                    | 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX              |
|                                       |                          |                     |                               |                     |
| 3c. MAILING ADDRESS                   |                          | CITY                | STATE                         | POSTAL CODE COUNTRY |
| <b>1209 Orange Street</b>             |                          | <b>Wilmington</b>   | <b>DE</b>                     | <b>19801 USA</b>    |

4. COLLATERAL: This financing statement covers the following collateral:

**All assets of Debtor, whether now or hereafter existing, whether tangible or intangible, whether now owned or hereafter acquired, wherever the same may be located.**

|   |  |
|---|--|
| 5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative     |  |
| 6a. Check <u>only</u> if applicable and check <u>only</u> one box:<br><input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility            |  |
| 6b. Check <u>only</u> if applicable and check <u>only</u> one box:<br><input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing  |  |
| 7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licensor |  |
| 8. OPTIONAL FILER REFERENCE DATA:<br><b>File with: California - Secretary of State</b>  |  |